DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LAYTON TERRACE (0008596)

Address: 9200 W LAYTON AVE, GREENFIELD, WI 53228

License Status: REGULAR

Licensed/Certified/Registered 03/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History

Survey ID: 0095938 End Date: 10/12/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090456 End Date: 06/11/2003 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006789 Served 06/17/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.16(1)(d)	SECURITY DEPOSIT	10/12/2005	Yes
83.16(1)(h)4	PAYMENT KEPT IF NO PROPER NOTICE GIVEN	10/12/2005	Yes
83.17(6)(c)	SECURITY DEPOSIT INTEREST PAID	10/12/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.